DOCKET NO. UM 1946

Updated Cover Sheet for Submission of 2018 Annual ETC Certification Reports

Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake River PCS
Filing date: 7/13/2018
Is this: Original submission? X OR Revised submission?
Person to contact for questions:
Name: Brandi Sangster
Phone number: 541-893-6115
E-mail address: eagle@eagletelephone.com
Documents included in this filing (please check applicable items):
CAF/ICC Support (47 CFR § 54.304)
Rate Floor Data (47 CFR § 54.313(h))
X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) ¹
HUBB Portal Broadband Deployment Data ²
_X Form 690 (Mobility Fund per 47 CFR § 54.1009)
X Affidavit for High-Cost Support
Filing deadlines: The Oregon deadlines for filing items required by 47 CED 2.54 and the

Filing deadlines: The Oregon deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on DA 18-585, the FCC has extended the due date from July 2 to <u>July 16</u> for the Form 481. Therefore, the deadline for OPUC filing is July 16 for the Form 481, HUBB portal

¹ Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

² ETCs required to report geolocated deployment data to the HUBB should submit a copy of all such data entered to date as part of their annual ETC report filing with the OPUC.



E-File

USAC Home High Cost Program Search Tools Form 481

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Thu 12 Jul 18 06:38:21 PM EDT by mlke@eagletelephone.com .

SAC:

498 ID:

143034497

Carrier Name: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2019

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process.



Return to 481 Search Print Confirmation Page

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Website & Privacy Policies

Mike Lattin

From:

Form481@usac.org

Sent:

Thursday, July 12, 2018 3:41 PM

To:

mike@eagletelephone.com

Subject:

Form 481 Certification Confirmation



Form 481 Certification Confirmation

Congratulations. Your filing has been successfully certified.

Filing Number: 1

Certification Date and Time: Thu Jul 12 18:40:30 EDT 2018

Filing Created By: mike@eagletelephone.com

SAC: 539007

498 ID: 143034497

Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2019

This is a system generated email. Please do not respond to this message.

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<010>	Study Area Code	539007
	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2019
<030>	Contact Name: Person USAC should contact with questions about this data	Brandi Sangster
<035>	Contact Telephone Number: Number of the person identified in data line <330>	5418936115 ext.
<039>	Contact Email Address: Email of the person identified in dataline <030>	eagle@eagletelephone.com
	Form Type	54.313 and 54.422

	rvice Cutage Reporting (Voice) Nection Form		FCCForm 481 OMIS Control No. 3060-0986/ OMIS Control No. 3060-0819 July 2018
⊲010⊳	Study Area Code		539007
_ <015>	Study Area Name		EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year		2019
<030⊳	Contact Name - Person USAC sho	ould contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Nu	mber of person identified in data line <030>	5418936115 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>		engla@agriatalanhone.com

<210> For the prior calendar year, were there any reportable voice service outages?

<=		<02>	◆3>	<04>>	<c1></c1>	<€2>	<₫>	<₽>	Φ	⊘	4 1>
NOF Refere Number	ence Outage Star	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes/ No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple	Service Outage Resolution	Preventativ Procedures

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		<u> </u>									
											
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(400) Number of Complaints per 1,000 customers	FCCForm 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	539007		
<015>	Study Area Name Eagle TELEPHONE SYSTEMS, INC. DBA SMAKE RIVER PCS			
<020>	Program Year 2019			
<030>	Contact Name - Person USAC should contact regarding this data			
<035>	Contact Telephone Number - Number of person identified in data line <030> 5418936115 ext.			
<039>	Contact Email Address - Email Address of person identified in data line eagleteagletelephone.com			
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.			
<410>	Complaints per 1000 customers for fixed voice			
<420>	Complaints per 1000 customers for mobile voice			

	npliance With Service Quality Standards and Consumer Protection Rules ection Form	FCC Form 481 CMB Control No. 3060-0999/ OMB Control No. 3060-0619 July 2018
⊲010⊳	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020⊳	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this date	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

<515> Certify compliance with applicable minimum service standards

(600) Functionality in Emergency Stuations Data Collection Form	FCC Form 481 OMB Control No., 3060-0986/ OMB Control No., 3060-0819 July 2018
<010> Study Area Code	539007
<015> Study Area Name	EAGLE TELEPECNE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020> Program Year	2019
	Brandi Sengster
<035> Contact Telephone Number - Number of person identified in data line <030>	5418936115 axt.
Contact Email Address - Email Address of person Identified in data line <030>	eagic@eagletelephone.com
<800> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Stuations	539007line610certfunction.pdf

CONTRACT OF	arating Companies ection Form			ECCForm 481 - OMB Control No. 3060-0886/ CMB Control No. 3060-0819 July 2018
<010>	Study Area Code	539007		
<015>	Study Area Name		ONE SYSTEMS, INC. DBA	CHIEF DATED DATE
<020>	Program Year	2019	ORE SISIENS, INC. DOS	SHARE RIVER POS.
⊲ 030⊳	Contact Name - Person USAC should contact regarding this data	Brandi Sangs	ter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 e		
4039>	Contact Email Address - Email Address of person identified in data line <030>	eaqle@eaglet	elephone.com	
<810>	Reporting Carrier Eagle Telephone Systems, Inc dbs Snake Rive	r PCS		
<811>	Holding Company Eagle Telephone Systems, Inc.			**************************************
<812>	Operating Company Eagle Telephone Systems, INC dba Snake Rive	r PCS		
<813>	⊲a l>			•
_	Affiliates		SAC	Doing Business As Company or Brand Designation
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		THE STATE OF THE S
		539007
_ <015>		
<020>		EAGLE TELEPHONE SYSTEMS, INC. DBA SMAKE RIVER PCS 2019
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
_<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<900>		No No
≪910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Nams of Attached Document
demonst	ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes in the status described on the attached FDF, on line 920, rates coordination with the Tribal government pursuant to (a)(5) includes:	Select Yes or No or Not Applicable
<922> <923> <924> <925> <926> <926> <926> <927>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feesibility and sustainability plenning. Marketing services in a culturally sensitive manner; Compliance with Rights of way processes. Compliance with Land Use permitting requirements. Compliance with Facilities Sting rules. Compliance with Environmental Review processes. Compliance with Outural Preservation review processes.	
<929>	Compliance with Tribal Business and Licensing requirements.	

Page R

	lice and Broadband Service Pate Comparability ection Form	FCCForm 481 OMB Control No: \$060-0986/OMB Control No: \$060-0819 July 2018
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<1000>	Attach detailed description for voice services rate	Applicable
	comparability compliance	
<1020>	Broadband comparability certification	Name of Attached Document
<1030>	Attach detailed description for broadband comparability compliance	Name of Attached Day mont

	o Terrestrial Backhaul Reporting lection Form	FCCForm 481 OMB Control No.: 3080-0986/ OMB Control No.: 3080-0819 July 2018
<010> <015> <020>	Study Area Code Study Area Name Program Year	539007 EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS 2019
<030> <035> <039>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	Brandi Sangster 5418936115 ext. eagle@eagletalaphone.com
<1100⊳	Certify whether terrestrial backhaul options exist (YN)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps
<1140>	Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.	

Lifeline	rms and Condition for Lifeline Customers ection Form	e Service Alberta (1)	FCCForm 481 OMB Control No. 3060-0988/ OMB Control No. 3060-0819 July 2018
		100.101.10.00	
<010>	Study Area Code		539007
<015>	Study Area Name		EAGLE TELEPHONE SYSTEMS, INC. DRA SNAKE RIVER PCS
<020>	Program Year		2019
<030>	Contact Name - Person USAC should contact regarding this data		Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data li		
<039>	Contact Email Address - Email Address of person identified in data I	ine <030≎	> eagle@eagletelephone.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Flans		lifelinebasicserviceadposter2017.pdf
		•	Name of Attached Document
<1220>	Link to Public Website	нттр .	www.eagletelephone.com
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bate listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETOs receiving low-income support, carriers must eport:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,	1	
<1223>	Additional charges for toll calls, and rates for each such plan.		

Transport Medical	War (1871), 127, 127, 127, 127, 127, 127, 127, 127			
(2005) Pri	e Cap Carrier Additional Documentation	Attack & Service Control	FO	CFD/m 481
Data Colle	ation Form	AND THE PERSON OF THE PARTY	ON CON	IB Control No. 3060-0986/ OMB Control No. 3060-0819
Including f	ate of Return Carriers affiliated with Price Cap Local Exchange Carriers	All the control of th	إلىك	2018
A10	Study Area Code	539007		
	Study Area Code Study Area Name	EAGLE TELEPHONE SYSTEMS, INC.	DES SMAKE DIVED DOS	*
	Program Year	2019	DUN DINNE RIVER FC3	
	Contact Name - Person USAC should contact regarding this data	Brandi Sangster	****	
	Contact Telephone Number - Number of person identified in data line <030>	541893B115 ext.		
	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com		
- mark de mark	24 - Control of Contro	Academic Aca		
Select t	he appropriate responses below (Yes, No, Not Appl	licable) to note compliand	e as a recinient of frozen Hir	nh Cost sunnart. High Cost sunnart
to offse	at access charge reductions, and Connect America P	hase II support as set fort	th in 47 OED 54 313(A) (d) (a)	The information reported on this
form ar	nd in the documents attached below is accurate.	nase it support as set fort		me mornation reported on this
<201	5> 2016 and future Frozen Support Certification 47 CFF	(§ 54.313(c)(4)		
Price C	ap Carrier Connect America ICC Support {47 CFR § !	54.313(d)}		
-0046	See Acceptance of the second o			
<2016	Certification support used to build broadband			
Conne	ct America Phase II Reporting (47 CFR § 54.313(e))			
0011110	ar another measure operating (=) art 3 0+.0 (o);			
<2017A	 Connect America Fund Phase II recipient? 			ii ii
<2017(>	Total amount of Phase II support, if any, the price cap	carrier used for		
20110	capital expenditures in 2017.	asile: useu (o)		
	capital experiolitures in 2017.			
<2018>	Attach the number, names, and addresses of commun	ity anchor	Name of Attached Deciment	
		-	Name of Attached Document	naring
	institutions to which the carrier newly began providing		Required Information	<u> </u>
	broadband service in the preceding calendar year - 54.	313(e)(1)(ii)(A)		
<2019>	Desirient cortification is hid an estace or annual transmission			
~2019>	Recipient certifies that it bid on category one telecomn			
	Internet access services in response to all FCC Form 47	0 postings seeking		
	broadband service that meets the connectivity targets			
	libraries universal service support program for eligible			
	libraries located within any area in a census block whe	re the carrier is		
	receiving Phase II model-based support, and that such			
	reasonably comparable to rates charged to eligible sch			
	urban areas for comparable offerings - 54.313(e)(1)(ii)(
		. 7		

Sec. 4	ion Form	OMB Control No. 3060-0986/ OMB Control No. 3060-091 July 2018
010>	Study Area Code	539007
015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
020>	Program Year	2019
030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

CAF BLSReporting

(3008A)	Please indicate whether new locations were deployed during the prior calendar year.	(Yes/No)
(3008B)	Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.	
(3008B1)	Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.	
(3008B2)	Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.	
(3008C)	Please provide the percentage of deployment across the entire study area.	

					Page 13
(3005) Rate Data Collect	Of Peturn Carrier Additional Documentation ion Form				FCCForm 481 CMB Control No.: 3060-0986/CMB Control No.: 3060-0819 July 2018
					
<010>	Study Area Code		539007		
_<015>	Study Area Name		EAGLE TELES	HONE SYSTEMS,	INC. DBA SNAKE RIVER PCS
<020>	Program Year		2019		
<030>	Contact Name - Person USAC should contact regarding this o	data	Brandi	Sangster	
<035>	Contact Telephone Number - Number of person identified in	n data line <030>	54189361	.15 ext.	
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	eagle@e	agletele	phone.com
financial r	m the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f) below is accurate.				
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)				
(3010A)	Certification of Public Interest Obligations (47 OFR§				
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attach	ed Document Li	sting Required	
(3012A)	Community Anchor Institutions (47 CFR§ 54.313(f)(1)(ii))				
(3012B)	Please Provide Attachment	Information	ned Document Li	sting Required	
(3013)	Is your company a Privately Held ROR Carrier (47 OFR § 54.313(f)(2))	(Yes/No)			
(3014)	If yes, does your company file the RUS annual report	(Yes/No)		O	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Bectronic copy of their annual RUS reports				
	(Operating Report for Telecommunications Borrowers)		Γ		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your	Name of Attach	ed Document Lis	etina Beautred	
(3017)	company's RUSannual report and all required documentation	Information	ed bodillelt b	sung Nedanea	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/N	40)	0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS				
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sneet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that				
(3022)	performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUSOperating Report for				
(3023)	Telecommunications Borrowers Underlying Information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Rows				

Name of Attached Document Listing Required Information

(3026)

Attach the worksheet listing required information

1 1 1 1 1 1 1	exte Of Festurn Cernier Additional Documentation (Continued) laction Form	PCCForm 461 OMB Chriton No. 3020 0989 CMB Cyntrol No. 3030 0916 Llsy 2016
4010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2019 THEORY STATES, TWO. DEN SHAVE RIVER PCS
4030>	Contact Name - Person USAC should contact regarding This date	Brandi Sangster
<036>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
4039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephona.com
Hna	ancial Data Summary	
(3	3027) Revenue	
(3	3028) Operating Expenses	
(3029) Net Income	100
(3	3030) Telephone Flant In Service(TPIS)	

(3031) Total Assets (3032) Total Debt (3033) Total Equity (3034) Dividends

(4005) Rural Broadband Experiment Additional Documentation	FCCForm 481
(4009) Full at the deute in the international population	FOURDIM 461
Data Collection Form	
Data Collection for the	CMB Control No. 3060-0986/ OMB Control No. 3060-0819
	CIVID CUITI OF NO. 3000-0800 CIVID CUITI OF NO. 3000-0619
	July 2018

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>		
<039>	Contact Email Address - Email Address of person identified in data I	
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations - FOC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions - FCC14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes—attach new community anchors, no—no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses
of community anchor institutions to which the
recipient newly began providing access to
broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information
of Community anchor institutions to which the

|--|

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

5005 Alaska Plan

(5010)	Do you participate in the Alaska plan?	(Yes/No)
(5011)	Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul.	(Yes/No)
(5012)	If the filing carrier identified in its approved perfomance plans that it relies exclusively on satellite backhaul for a certain poriton of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previolus calendar year in areas that were previously served exclusively by satellite backhaul.	(Yes/No)

Description Of Backhaul Technology	Date Backhaul Available	Newly Served Locations or Population
i di pingangan di di di		
		- 190 PV4-V

· .		

	ión - Reporting Cerrier ection Form	FCCForm 461 CMB Centrol No. 3060-0966/ CMB Centrol No. 3060-0619 1.by 2018
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020⊳	Program Year	2019
<030≻	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	eaqle@eaqletelephone.com

TO BECOMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS HUNG ANNUAL REPORTING ON ITS OWN BEHALF.

certify that I am an officer of the reporting carrier; my responsibilities ecipients, and, to the best of my knowledge, the information reported		uirements for universal service support
Name of Reporting Carrier EAGLE TELEPHONE SYSTEMS, INC. DR	A SNAKE RIVER PCS	
Signature of Authorized Officer, CERTIFIED ONLINE		Date 07/12/2018
Printed name of Authorized Officer: Michael Lattin		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer 5418936115 ext.		
Study Area Code of Reporting Carrier: 539007	Filing Due Date for this form: 07/16/2018	

Data Coll	ion - Agent / Carrier ealthn Fürm	PCCForm 481 OMB Control No. 3080-0988/ OMB Control No. 3080-0819 Uly 2018
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DRA SNAKE RIVER PCS
<020⊳	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5419936115 ext.
<039>	Contact Briall Address - Briall Address of person Identified in data line <030>	eagle@eagletelephone.com

TO BECOMPLETED BY THEREFORTING CARRIER, IF AN AGENT ISFILING ANNUAL REPORTS ON THE CARRIER'S BEHALF.

Jeerlify that (Name of Agent)_ also certify that I am an officer of the reporting carrier, my resp agent; and, to the best of my knowledge, the reports and date p	ts authorized to submit the information reported on behalf of the reporting carrier nsibilities include ensuring the accuracy of the enhalf data reporting requirements provided to the authorized ovided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Det e:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BECOMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File	Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, cartify that I am authorized to submit the a the data reported herein based on data provided by the reporting carrier; and,	annual reports for universal service support redplents on behalf of the reporting carrier, I have provided to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier.	
Name of Authorized Agent Firm:	
Sgnature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
fittle or position of Authorized Agent or Employee of Agent	
Felephone number of Authorized Agent or Employee of Agent;	
Rudy Area Code of Reporting Carrier:	Filing Due Date for this form:



AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)

I, <u>Mike Lattin</u>, being of lawful age and duly sworn, on my oath, state that I am the President of <u>Eagle Telephone System</u>, <u>Inc. d.b.a. Snake River PCS</u> and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- Snake River PCS has established operating procedures designed to facilitate compliance with the <u>CTIA Consumer Code for Wireless Carriers.</u>
- 3) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 4) Snake River PCS is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

OFFICIAL SEAL
BRANDI ANN SANGSTER
NOTARY PUBLIC - OREGON
COMMISSION NO. 952211
MY COMMISSION EXPIRES JULY 25, 2020

DATED this 3rd day of July 2018.
Eagle Telephone System, Inc. d.b.a. Snake River PCS
By: Truck
Mike Lattin
President
SUBSCRIBED AND SWORN to before me this 3rd day of July 2018.
Brank Ann ungote
Notary Public in and for the State of Oregon

My Commission Expires: <u>July 25, 2020</u>

NEED ASSISTANCE PAYING YOUR TELEPHONE BILL? YOU MAY QUALIFY FOR THE OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP).

Program (OTAP), which can provide low-income households discounts of up to \$12.75 off our basic service rate. To find out if you qualify, visit www.puc.state.or.us. Qualifying low-income households may apply for the Snake River PCS is your local wireless provider and a participant in the Oregon Telephone Assistance OTAP program online at http://www.rspf.org or www.puc.state.or.us We provide our customers reliable, quality cellular service with our basic mobile mini-plan at a price comparable to that of our local basic wire-line service.

Basic Cellular Service Available From Snake River PCS

there are multiple subscribers at one address. The service is not transferable and only eligible customers may enroll in the program. Fed-6115 or stop by our office at 349 1st Street, Richland, OR. For more information regarding the lifeline America telephone assistance Our basic mini plan includes 200 daytime local minutes, 40 travel minutes, free incoming texts, unlimited long distance (within your available on all of our service plans. If you have questions regarding our plans or assistance programs, please contact us at 541-893available at \$23.32 per month, taxes included. Our taxes do not change from month to month, this is a set rate. The OTAP credit is minute allotment), voicemail, caller id and unlimited mobile to mobile minutes (with all other SRPCS customers). This plan is programs please visit www.lifeline.gov. * The program is limited to one discount per household. Use the household eral lifeline supports are paid entirely by the Federal Lifeline Program.

Snake River PCS

WHERE YOU LIVE & PLAY

WIRELESS SERVICE

349 1st Street

www.eagletelephone.com

YOUR TELEPHONE SERVICE IS YOUR

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Eagle Telephone System, d.b.a. Snake River PCS hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Eagle Telephone System, d.b.a. Snake River PCS in Oregon was used in the preceding calendar year (2017) and will be used in the coming calendar year (2019) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DAT	ED this 13 day of July	<u>(</u> , 2018.
By:	Tuon:	(Officer's Name)
Its:	PRESIDENT	(Officer's Title)

SUBSCRIBED AND SWORN to before me this 13 day of July, 2018.

Brand Ann Sangeton

Notary public in and for the State of <u>Dregon</u>

My Commission Expires: <u>July 25, 2020</u>

NOTARY PUBLIC - OFFEGON COMMISSION NO. 952211 MY COMMISSION EXPIRES JULY 25, 2020



E-File

USAC Home High Cost Program Search Tools

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Mon 2 Jul 18 04:07:49 PM EDT by mike@eagletelephone.com .

SAC:

538001

498 ID:

143037281

Carrier Name: Eagle Telephone System, Inc.

Program Year: 2018

Filing Type: Annual Reporting

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process.

Return to 690 Search

Print This Page

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Website & Privacy Policies

100000000000000000000000000000000000000	Fund - \$54.1009 Annual Reporting Jection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Brandi Sangster
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5418936115 ext.
<039>	Contact Email: Email of the person identified in data line <030>	eagle@eagletelephone.com
.078*45*4P* (\$144C	egy, sake ening generakse egisteli kili kili kale kale kenerakse kenerakse kan peningana kenerakse kenerakse k Baransakse kili generakse egistelik kili kili kale kan kan kan kan kan kan kenerakse kenerakse kenerakse kan k	
<040>	Has the information required pursuant to §54.1009 b	peen provided with a Form 481 filling (Y/N) <040>
	<041> Attach a description of the documents file	d with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
19,375				Page 2 of 8
<010>	Study Area Code		538001	
<015>	Study Area Name		Eagle Telephone System, Inc.	
<020>	Program Year		2018	· · · · · · · · · · · · · · · · · · ·
<030>	Contact Name - Person USAC should contact regar	rding this data	Brandi Sangster	
<035>	Contact Telephone Number - Number of person in		5418936115 ext.	
<039>	Contact Email Address - Email Address of person i	dentified in data line <030>	eagle@eagletelephone.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	4523817		
<111>	Filing Carrier Name	Eagle Telephone Sys	tem, INC	
<112>	Winning Bidder Carrier Name	Eagle Telephone Sys	tem. INC	
<113>	Street Address (or PO Box)	PO Box 178		
<114>	City	Richland		
<115>	State	OR	 	
<116>	Zip-Code	97870		
<117>	Telephone Number			
<118>	Fax Number	5418936115 ext.		
<119>	Email Address	5418936903		
		eagle@eagletelephon	e.com	
Contact in	iformation if same as above, indicate in this box	√]		
<120>	·	<u>·</u>		
	Name (First, MI, Last, Suffix)	Brandi Sangster		
<121>	Filing Carrier Name	Eagle Telephone Syst	em, INC	· · · · · · · · · · · · · · · · · · ·
<122>	Street Address (or PO Box)	PO_Box_178	· · · · · · · · · · · · · · · · · · ·	
<123>	City	Richland		
<124>	State	OR		
<125>	Zip-Code	97870		
<126>	Telephone Number	5418936115 ext.		
<127>	Fax Number	5418936903		
<128>	Email Address	eagle@eagletelephone	e.com	
				·
Authorize	d Agent Information			
	if no agent, indicate in this box	✓		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)		· · · · · · · · · · · · · · · · · · ·	
<133>	City	.		
<134>	State			· · · · ·
<135>				· · · · · · · · · · · · · · · · · · ·
	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

Page 3 of 8

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<140>	Coverage and Performance Report Year 07/2013 - 12/2013	

Eagle538001_Undrivable.zip, eagle538001propagationstudy.zip, EagleDriveTest_538001.zip

Coverage and Performace attachments

<141>	<a1></a1>	<92>	<93>	<01>	<b2></b2>	4 3>	<ci>></ci>	<c2></c2>	<g></g>	<d>></d>
	Onto	0.00	Ocean Mark	Resident Population per	Newly Reached		Road Miles per Census	Road Miles per Census Brock Newly	Total Road Miles covered per Census	Certify that Coverage and Performance data is uploaded (Yes/no)
	State	County	Census Biock	Census Block	by Service	Service	Block	Reached	Block	
		,								
	ļ			5	ee attach	<u>ed worksl</u>	heet			
			<u> </u>	·			<u> </u>	<u> </u>		
								<u> </u>		-
	L	l						<u> </u>		
]	100			ſ	90		
		Population	ge of Total Reached by vice			Percentage of Road Miles of by Servi	overed			

(070) Urban Rate Comparability Certification Compliance	. PCC Form 690 Approved by OMB
	OMB Control No : 3060-1185 Page 4 of 8

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF.

1			
form and in any attachments is accurate.	or the reporting carrier; my respo	nsibilities include ensuring compliance with 47 CFR §	54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Eag.	le Telephone System, Inc.		
Sgnature of Authorized Officer:	CERTIFIED ONLINE		Date 07/02/2018
Printed name of Authorized Officer:	Michael Lattin		
Title or position of Authorized Officer:	President		
Telephone number of Authorized Officer:	5418936115 ext.		
Study Area Code of Reporting Carrier:	538001	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER S BEHALF.

Certification of Officer or Employee to authori	ze an Agent to file Compliance with 47 OFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the rep	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the report	s and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment inder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BECOMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Ignature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Peporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		538001	
<015>	Study Area Name		Eagle Telephone System, Inc.	
<020>	Program Year		2018	
<030>	<u> </u>		Brandi Sangster	
<u><035></u> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif		-020 <u>></u>	
<142>	State	- and and mic	eagle@eagletelephone.com	
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	ole) for	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal	Select (Yes, No, Not Applicable)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Sting rules			
<152>	Compliance with Environmental Review processes			
-102-	Comprehe with Living Child Review processes		i l	

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FOC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
9-5		Page 8 of 8
<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030	eagle@eagletelephone.com
		· ·
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	12/31/2013
<202>	Total Mobility Fund Support Awarded	7589.40
<203>	Total Mobility Fund Support Disbursed	7589.40
<210>	Actual Completion Date	12/31/2013
<211>	Project Status Description (attached)	538001 OR-Project Description for Area
V211/	riojed datus bescription (attached)	#9505.pdf
		{Name of FDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	· • • • • • • • • • • • • • • • • • • •
<217>	Project Plan Status	
<218>	Network will 9 innort 3G/4GMobile Service 2	20 0 40

Page 7 of 8

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF.

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Eagle Telephone System, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 07/02/2018

Printed name of Authorized Officer:

Michael Lattin

Title or position of Authorized Officer:

President

Telephone number of Authorized Officer:

5418936115 ext.

Study Area Code of Reporting Carrier:

538001

Filing Due Date for this form: 0

07/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<015>	Study Area Name	Facile Telephone System Inc
<010>	Study Area Code	538001
		OMB Control No. 3060-1185 Page 8 of 8
(102) Cer	tification - Agent / Carrier	FCC Form 690 Approved by OMB

<010>	Study Area Obde	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

TO BECOMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIERS BEHALF:

	Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my re agent; and, to the best of my knowledge, the reports and dat	is authorized to submit the information reported on behalf of the reporting carrier. I consibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Sgnature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	unished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Oxide, 18 U.S.C. § 1001.

TO BECOMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of F	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on behic carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Sgnature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ac	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	



建筑工业设置 建设置 医结膜 医结肠管 美国的工艺 医动脉 计多数图形 医电影 医电影 医电影 化二氯甲基酚 医二氯甲基酚 经工程的 医电影 医电影 医电影 医电影 医电影 医电影 医电影 医电影 医电影 医电影	Street Section Control of the Contro
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	CHARLES THE STATE OF SECTION AND ADDRESS.
	· · · · · · · · · · · · · · · · · · ·

FCC Form 690 Approved by OMB CMB Control No. 3060-1185

<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Şangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<140>	Coverage and Performance Report Year	07/2013 - 12/2013

<141>

				Devilations	Total Postdout		Dood Miles	Total Road	Certify that Coverage and
tate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Miles covered per Census Block	Performache data is uploaded (yes/no)
O'R	Baker	T41001950500	120	108	120	58.38	52.54	52.54	Yes
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			<u> </u>						
	<u></u>		· ··						
			<u> </u>						
								#***	
	<u> </u>						<u> </u>		

Percentage of
Total Population
Reached by
Service

100			

Percentage of Total Road Miles covered by Service

90		
ŀ		